

Commonwealth of Kentucky
Michael G. Adams, Secretary of State

L902

1420127.06
Michael G. Adams
Secretary of State
Received and Filed
1/8/2025 12:00:00 AM
Fee receipt: \$90

Michael G. Adams
Secretary of State
P. O. Box 718
Frankfort, KY 40602-0718
(502) 564-3490
<http://www.sos.ky.gov>

Certificate of Authority

FBE

Pursuant to the provisions of KRS 14A.9 - 030 the undersigned hereby applies for authority to transact business in Kentucky on behalf of the entity named below and, for that purpose, submits the following statements:

1. The entity is a **limited liability company**.

2. The name of the entity is

PHYSIOLOGIX SPORTS PHYSICAL THERAPY PLLC

3. The name of the entity to be used in Kentucky is

PHYSIOLOGIX SPORTS PHYSICAL THERAPY LLC

4. The state or country under whose law the entity is organized is **Florida**.

5. The date of organization is **3/14/2018** and the period of duration is **perpetual**.

6. The mailing address of the entity's principal office is

185 Se 14th Terrace Apt 906, Miami, FL 33131

7. The name of the initial registered agent is

Registered Agents Inc

and the street address of the entity's initial registered office in Kentucky is

212 N. 2nd St. STE 100, Richmond, KY 40475

8. The names and business addresses of the entity's representatives:

Member Robert Poliszuk 185 Se 14th Terrace Apt 906, Miami, FL 33131

9. This entity is managed by **Members**.

10. This filing will be effective on **Wednesday, January 8, 2025**.

This entity is **NOT** a tobacco retailer as defined by KRS 438.305(9).

I declare under penalty of perjury under the laws of the state of Kentucky that the foregoing is true and correct.

Signature of individual signing on behalf of **Authorized Representative: Robin Jones**

I, **David Roberts**, consent to sign for **Regis**
who serves as the Registered Agent on beha
Wednesday, January 8, 2025.

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